

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045109

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 492

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 10 1963

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Farmington</b>		c. CITY OR TOWN <b>Farmington</b>	
Length of stay in 1b <b>77 yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>604 S Washington</b>		d. STREET ADDRESS (If outside, give location) <b>604 S Washington</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>John William Herbst</b>			4. DATE OF DEATH Month Day Year <b>December 1, 1963</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/30/1886</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Farmington, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>					

13a. FATHER'S NAME <b>Frederick Herbst</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Siebaker</b>		14. NAME OF HUSBAND OR WIFE <b>Miss Emma Herbst, Farmington, Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Miss Emma Herbst, Farmington, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MEDULLARY PARALYSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 MIN</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CEREBRAL HEMORRHAGE</b>		<b>48 Hours</b>
DUE TO (c) <b>ARTIOSCLEROSIS &amp; HYPERTENSION</b>		<b>YRS</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. <b>11-29-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <b>Farmington, Mo.</b>		20g. COUNTY <b>St Francois</b>

21. I attended the deceased from <b>11-29-63</b> to <b>12-1-63</b> and last saw her/him alive on <b>12-1-63</b> Death occurred at <b>10:48</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>R. A. Hendigat</b> (Degree or title) <b>DO</b>	22b. ADDRESS <b>FARMINGTON, MO</b>	22c. DATE SIGNED <b>12-2-63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/4/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>	23d. LOCATION (City, town, or county) <b>Farmington, Mo.</b>	23e. (State)
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24. FUNERAL DIRECTOR <b>Miller Funeral Home, Farmington, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Dec 3, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

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2 0945

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. Hendigat

100144-2172

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul K. Buzgal

Licensed Embalmer No. 4120

P. O. Address Farmington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.